

National Nurses United for Patient Protection

888 16th Street

Suite 640

Washington

DC

20006

FEC ID No. C00490375

☒ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 3

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER

C C00490375

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

North Wood Advertising

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Amount

13768.35

Mailing Address
1201 Fifteen Building
15 South FifthCity State Zip Code
Minneapolis MN 55402Purpose of Expenditure
Radio production &
time buyCategory/
TypeOffice Sought: ☒ House State: PA
☐ Senate District: 08
☐ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
Patrick MurphyDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 41305.05

Transaction ID: D350554

Full Name (Last, First, Middle, Initial) of Payee
North Wood Advertising

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Amount

9320.00

Mailing Address
1201 Fifteen Building
15 South FifthCity State Zip Code
Minneapolis MN 55402Purpose of Expenditure
Radio production &
time buyCategory/
TypeOffice Sought: ☒ House State: MI
☐ Senate District: 09
☐ PresidentialCheck One: ☒ Support ☐ OpposeName of Federal Candidate supported or Opposed by expenditure:
Gary PetersDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : _____Calendar Year-To-Date Per Election
for Office Sought 18640.00

Transaction ID: D350557

(a) SUBTOTAL of Itemized Independent Expenditures

23088.35

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

Signature

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 1